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Number of pages including cover letter: **17**  
Date: **May 19, 2004**  
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To:	Company:	City:	Fax:
<b>ART UNIT 2127</b> Examiner: Patel, Ashokkumar B.	United States Patent Office - Facsimile Centre	Alexandria, VA	(703) 872-9306

Re: Serial No. 09/750,217  
Inventor(s): Nicole Klappholz  
Title: METHOD AND SYSTEM FOR TIME MANAGEMENT IN A SHARED  
MEMORY PARALLEL PROCESSOR COMPUTING ENVIRONMENT

Response to Office Action of February 19, 2004 attached.

Barriers and Sullivans  
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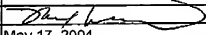
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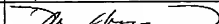
Continuing the practices of  
Melipon Deane  
Ogilvy Renault  
Swaney Ogilvy Renault

PTO/SB/21 (08-03)  
Approved for use through 07/31/2006. OMB 0691-0051  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/750,217
	Filing Date	December 29, 2000
	First Named Inventor	Nicole Klapholz
	ART Unit	2127
	Examiner Name	Patel, Ashokkumar B.
Total Number of Pages in This Submission	16	Attorney Docket Number 9-13528-122US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Max R. Wood, Reg. No. 40,388	
Signature		
Date	May 17, 2004	

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Typed or printed name	Max R. Wood, Reg. No. 40,388	
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